

<b>Case Number:</b>	CM13-0018019		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/07/1983
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female who sustained an industrial injury on 7-8-1995. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, left De Quervain's s disease, epicondylitis, depression and anxiety disorder. The injured worker is status post bilateral radial tunnel releases, bilateral carpal tunnel releases (no dates documented) and left thumb basal joint interposition arthroplasty dated 08-01-2012. According to the treating physician's progress report on 07-09-2013, the injured worker continues to experience weakness, pain and decreased mobility of the right shoulder. Some of the medical records submitted with the review are difficult to decipher. Examination of the right shoulder demonstrated tenderness to palpation of the supraspinatus, subacromial and acromioclavicular joint with positive impingement and subacromial crepitus. Motor strength weakness was 4 out of 5 in all planes with decreased range of motion primarily with flexion, abduction and external rotation. The right wrist examination noted stiffness, a positive grind of the first carpometacarpal, definitive click and positive Finklestein's test. Prior treatments have included diagnostic testing, surgery, physical-hand therapy, home exercise program, psychological therapy, dental care, splints, thumb spica and medications. Current medications were listed as Ultram ER, Flector patches, Promethazine, Zanaflex, Restoril, Prilosec and topical ointment. The length of time that the injured worker has been on medications was not determined. There was no documentation of gastrointestinal (GI) distress. Treatment plan consists of continuing medication regimen, home exercise program and the current retrospective request for Omeprazole 20mg #30 (DOS: 07-23-2013) and the

retrospective request for Tramadol HCL 150mg #60 (DOS: 07-23-2013). On 08-20-2013 the Utilization Review determined the retrospective request for Omeprazole 20mg #30 (DOS: 07-23-2013) and the retrospective request for Tramadol HCL 150mg #60 (DOS: 07-23-2013) were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Retrospective request DOS: 7/23/13 for 1 prescription of Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN). Dyspepsia. A national clinical guidelines. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2003 Mar. 27 p. (SIGN publication; no. 68).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in July 1995 and was being treated for chronic bilateral upper extremity pain. She has a history of multiple upper extremity orthopedic procedures. She retired in 2010. When seen, medications included extended release Ultram, Prilosec, Flector, Zanaflex, promethazine, Restoril, Senna, and Medrox ointment. She was participating in physical therapy for her shoulder on a nonindustrial basis. Physical examination findings included right shoulder tenderness with positive impingement testing and subacromial tenderness. There was shoulder weakness. Right Finkelstein testing and first CMC grind tests were positive. She had clicking at the first CMC joint. Recommendations included a continued home exercise program. Medications were refilled. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant was not being prescribed an oral NSAID. The continued prescribing of omeprazole is not considered medically necessary.

#### **Retrospective request DOS: 7/23/13 for 1 prescription of Tramadol HCL 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in July 1995 and was being treated for chronic bilateral upper extremity pain. She has a history of multiple upper extremity orthopedic procedures. She retired in 2010. When seen, medications included extended release Ultram, Prilosec, Flector, Zanaflex, promethazine, Restoril, Senna, and Medrox ointment. She was participating in physical therapy for her shoulder on a nonindustrial basis. Physical examination findings included right shoulder tenderness with positive impingement testing and subacromial tenderness. There was shoulder weakness. Right

Finkelstein testing and first CMC grind tests were positive. She had clicking at the first CMC joint. Recommendations included a continued home exercise program. Medications were refilled. Tramadol ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there was no documentation that this medication was currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication was resulting in an increased level of function or improved quality of life. Continued prescribing was not considered medically necessary.